### APPLICATION DATA SHEET FORM

#### **Inventor Information**

Inventor One Given Name::

Guido

Family Name::

Retz

Postal Address Line One::

Listeige

Postal Address Line Two::

City::

Ardmore

State or Province::

Co. Waterford

Country::

Ireland

City of Residence::

Ardmore

State or Province of Residence::

Co. Waterford

Country of Residence::

Ireland

Citizenship Country::

Germany

Inventor Two Given Name::

David Philip

Family Name::

Burton

Postal Address Line One::

37 Fairyfield

Postal Address Line Two::

City::

State or Province::

Co. Limerick

Country::

Ireland

City of Residence::

State or Province of Residence::

Co. Limerick

Country of Residence::

Ireland

Citizenship Country::

### Application Data Sheet Form

# **Correspondence Information**

Name Line One::

Name Line Two:: Wolf, Greenfield & Sacks, P.C.

Steven J. Henry

Address Line One: 600 Atlantic Avenue

City:: Boston

State or Province:: MA
Country:: U.S.A.

Postal or Zip Code:: 02210
Telephone One:: (617) 720-3500
Telephone Two:: (617) 573 7838

Telephone Two:: (617) 573-7838 Fax Number: (617) 720-2441

Electronic Mail: shenry@wolfgreenfield.com

# **Application Information**

Title Line One:: VARIABLE GAIN AMPLIFIER

Total Drawing Sheets:: 6
Formal Drawings?:: no
Claims:: 46

Application Type:: Utility

Docket Number:: G00631.70035 sjh

Licensed US Govt. Agency::

Contract or Grant Numbers One:: Contract or Grant Numbers Two:: Secrecy Order in Patent Appl.?::

**Representative Information** 

Representative Customer Number:: 23628

### **Application Data Sheet Form**

# **Continuity Information**

This application is a::

non-provisional of

>Application One::

60/390,379

Filing Date::

June 21, 2003

Patent Number::

which is a::

>>Application Two::

Filing Date::

Patent Number::

# **Prior Foreign Applications**

Foreign Application One::

Filing Date::

Country::

Priority Claimed::

#### **Assignee Information:**

Assignee name::

Analog Devices, Inc.

Street of mailing address::

One Technology Way

City of mailing address::

Norwood

State or Province of mailing address::,

Massachusetts

Postal or Zip Code of mailing address::

02062

**NOTE**. If there is more than one assignee, this information should be repeated for each one.

**NOTE**: Assignment information provided an ADS will not be officially recorded for this application. Assignment Information is considered recorded when submitted as provided in Title 37, Section 3. Assignment information submitted on an ADS only results in the assignment information being included on the patent application publication.